

**General Instructions**

**Please read before completing form.**

This form is to be used to notify International Student and Scholar Services (ISSS) of the appointment of an international scholar who will need a J-1 Exchange Visitor immigration document (DS-2019) from the University of Pennsylvania in order to enter the US, to extend their current J-1 status at Penn, to amend their current J-1 status at Penn, or to transfer from another US institution.

Please note: J-1 scholar status is limited to those who hold University temporary academic positions. It cannot be used for tenure-track faculty positions, administrative positions, or support staff positions. Also, the J-1 program of the University of Pennsylvania may not be used for foreign medical graduates (FMGs) who will be involved in clinical activities or for those receiving medical training. Similarly, the J-1 Exchange Visitor program may not be used for clinical appointments to the School of Dental Medicine, the School of Veterinary Medicine, or affiliated centers.

**All J-1 exchange visitors at Penn are required to have at least a bachelor's degree in a related field and have demonstrated relevant experience in their field of expertise.** Please refer to the Request Checklist for more details.

Plans to invite a J-1 scholar should begin 3-4 months in advance of the start date of the appointment to allow time for document preparation (3 weeks at ISSS if the request is complete), mailing the immigration documents, and visa processing. In some cases, scholars may experience significant delays in visa processing due to increased US government security requirements. If the scholar is in the US in a different status and wishes to change status within the US (if eligible), additional time beyond 3-4 months may be necessary.

**IMPORTANT!** The US Department of State (DOS) federally mandates all J-1 and J-2 status holders to carry adequate health insurance coverage. Each J-1 scholar must purchase insurance for him/herself and his/her J-2 dependents immediately upon arrival to the US. If he/she and/or dependents fail to maintain the mandatory health insurance coverage, they will be in violation of federal immigration regulations; will be subject to termination as a program participant; and must leave the US immediately.

Insurance coverage must meet the following:

1. Medical insurance must cover the entire period of participation in the Exchange Visitor program.
2. Medical benefits must provide a minimum of \$50,000 per accident or illness.
3. Medical evacuation must be covered in the amount of \$10,000, minimum (emergency medical transportation to the home country).
4. Repatriation must be covered in the amount of \$7,500, minimum (in the unfortunate event of death, repatriation is the transportation of remains back to the home country).
5. Deductible must not exceed \$500 per accident or illness.

**Completion of the Form**

**Forms must be typed to ensure document accuracy.**

- Please complete each area of the request form and return it to ISSS, along with a copy of the appointment/invitation letter. Incomplete packets will be returned to the sponsoring department. Faxed copies are not acceptable.
- Requests for transfer of J-1 sponsorship to the University of Pennsylvania must be accompanied by copies of the scholar's current and initial immigration documents. Please note that transfer scholars must maintain the original program objective as listed on the original DS-2019. Requests to transfer J-1 scholars currently in the US must be submitted 4-6 weeks in advance of the start date of the appointment.
- The signature of the head of the host department is required. ISSS assumes that the information on the form is correct and that the appropriate signature has been obtained. The information on this form is transferred to a controlled US government document; any falsification of information may subject the University to sanctions and/or penalties. It is imperative that the funds and position noted on the form are available to the scholar as well as any accompanying departmental support offered during the invitation negotiations, such as work space, faculty collaboration, etc. A separate letter of offer should be sent to the scholar outlining in detail the conditions of appointment, including conditions of termination, compensation, benefits, etc. If the appointment is not salaried, it is important to outline the details of the invitation and indicate the source from which the funding is expected.
- The host department must ascertain the J-1 scholar's financial capability. Please verify all funding sources that are indicated on the form. Immigration regulations require Penn to verify the availability of sufficient supporting funds before issuing an immigration document. **ISSS estimates a minimum of \$21,000/year is required to support a single visiting scholar at Penn; an additional \$6,000/year for an accompanying spouse and \$4,000/year for each accompanying child.**
- The host department must advise the scholar of the above-mentioned DOS health insurance requirement for her/himself and any accompanying family members.
- Upon arrival at Penn, the scholar must report to ISSS for mandatory (group) scholar registration and orientation on Monday or Friday (11:00 AM) with his/her passport, I-94 card, and DS-2019. ISSS will confirm that all immigration documents are in order and sign the Department Request Form to be returned to the host department. The host department is responsible for assisting the scholar with arrival issues such as housing, schooling for dependents, etc.

## DS-2019 Request Checklist

- Department Request Form for J-1 Exchange Visitor
- J-1 Exchange Visitor Data Form
- Penn offer or invitation letter
- Proof of funding, if not funded by Penn
- Copy of passport
- Copy of resume/CV
- Copies of previous/current IAP-66s/DS-2019s, if any
- If currently in the US, copy of I-94 card (front and back)
- Copy of dependent's passport, if accompanying J-1 to the US
- J-1 Alien Physician Letter, if applicable
- Explanation Letter if the J-1 exchange visitor will not be located at Penn, if applicable
- Letter of recommendation if the J-1 exchange visitor does not have at least a bachelor's degree in a related field, if applicable

### **Special Documentation for J-1 Alien Physicians**

University of Pennsylvania departments that sponsor foreign medical graduates (FMG) to participate in non-clinical exchange programs, either with no patient care or where patient contact is incidental to the physician's primary activity of teaching, research, consultation, or observation, must append a letter to the Form DS-2019 Certificate of Eligibility for Exchange Visitor (J-1) Status. The letter, addressed "to whom it may concern" and signed by the dean of the medical school or the departmental chair, should be presented by the FMG along with the DS-2019 at the US consulate when applying for a visa to enter the United States.

#### **No Patient Care**

If no patient care is involved in the FMG's duties, the letter must state, verbatim:

"This certifies that the program in which [name of FMG] is to be engaged is solely for the purpose of observation, consultation, teaching, or research and that no element of patient care services is involved."

#### **Incidental Patient Contact**

If incidental patient care is involved in the FMG's duties, the letter must state, verbatim:

1. The program in which [name] will participate is predominately involved with observation, consultation, teaching, or research.
2. Any incidental patient contact involving [name] will be under the direct supervision of a physician who is a US citizen or resident alien and who is licensed to practice medicine in Pennsylvania.
3. [Name] will not be given final responsibility for the diagnosis and treatment of patients.
4. Any activities of [name] will conform fully with licensing requirements and regulations for medical and health care professionals in Pennsylvania.
5. Any experience gained in this program will not be creditable toward any clinical requirements for medical specialty board certification.

Foreign medical graduates who wish to participate in clinical programs of graduate medical education or training cannot be sponsored by the University's exchange visitor program. The only exchange program authorized to sponsor FMGs as J-1 exchange visitors for internships, residencies, specialized clinical training, and in other positions involving more than incidental patient contact, is the [Educational Commission for Foreign Medical Graduates \(ECFMG\)](#).

### **Special Documentation for Scholars without a Bachelor's Degree**

If the prospective J-1 Exchange Visitor is an undergraduate student in his or her home country, please include with the completed J-1 request, a letter of recommendation written on the student's behalf from a professor or advisor at the home institution, describing how the proposed research project will enhance the student's educational objectives and explaining why the research could not be conducted at the home university.

### **Special Documentation for Scholars with Non-Penn Site of Activity**

In general, all J-1 scholars will conduct their activities at Penn. In rare situations, the J-1 activity might occur at a non-Penn site. In such cases, please also attach a letter from the Chair of the Penn host department to include the following:

1. Dates of visit
2. Nature of activities
3. Site of activity, including full address
4. How the J-1 activity will be closely tied to the Penn department's on-going research projects/programs
5. Relationship between the Penn department and the non-Penn site of activity
6. Name and title of Penn faculty or PI who will supervise the J-1 program activity throughout the J-1's stay in the US
7. Funding arrangements



# Department Request Form for J-1 Exchange Visitor at Penn

J-1

International Student and Scholar Services

This form is to be completed by the Penn department (please type) and must be signed by the Department Head/Chair. All questions must be answered as precisely as possible, as they relate directly to the US Department of State forms. Please submit the Department Request Form, the J-1 Exchange Visitor Data Form, and other supporting documentation as a complete package. If the individual is transferring from another Exchange Visitor Program, the Transfer In Request for J-1 Scholars must also be completed. Incomplete requests will be returned to the department. Please make a photocopy of completed forms for department files.

**A: Request Information**

Please check one:

- Initial DS-2019 -- the applicant is overseas and will be applying for a US visa abroad
- Initial DS-2019 -- the applicant is in the US in another immigration status and will apply for change of status
- The applicant is currently in J-1 status at another US institution and will transfer to Penn (Please also complete the attached Transfer-In Request for J-1 Scholars)
- The applicant is currently in another Penn department and wishes to transfer to our department (please also see <http://www.upenn.edu/oip/iss/penn/j1transfer.html> for instructions)
- Extension of current appointment without change
- Other

On behalf of (type Scholar's name exactly as it appears on the individual's passport):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Family/Last) (Given/First) (Middle)

Dates of J-1 appointment (Please note 5-year maximum for J-1 Professors and Research Scholars; 6-month maximum for Short Term Scholars - no extensions possible; and 1-year maximum for Specialists):

From: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ To: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**B: Department Information**

Person preparing this request: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Host Department: \_\_\_\_\_

School/Hospital/Research Institute: \_\_\_\_\_

Address: \_\_\_\_\_ Mail Code: \_\_\_\_\_

Penn faculty/staff member to whom employee will report: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**C: Position Information**

Please complete ALL information.

Penn title of position to be held (visiting scholar; postdoctoral researcher, etc.): \_\_\_\_\_

Please note: Prospective Exchange Visitors who wish to come to the US in the "Research Scholar" or "Professor" category will be subject to a 12-month "bar" to participation in those categories if they were present in the US in any J status (including J-2 dependent) for all or part of the twelve-month period immediately preceding the date of the new program's commencement. The three exceptions to this bar are: 1) those transferring to another Exchange Visitor program; 2) those who have been present in the US as "short-term scholars;" and 3) those whose presence in the US have been less than 6 months in duration.

Requested Exchange Visitor category:

- Professor (3-week minimum, 5-year maximum) – teaching, observing, lecturing, consulting, or conducting research
- Research Scholar (3-week minimum, 5-year maximum) -- conducting research, observing, or consulting
- Short-term Scholar (no minimum, 6-month maximum, no extensions) – lecturing, conducting research, observing, or consulting
- Specialist (3-week minimum, 1 year maximum) -- observing, consulting, or demonstrating his/her highly specialized knowledge or skills

**Indicate appointee's primary activity:**

Teaching/Lecturing  Research  Consult  Observe  Demonstrate Special Skills

**Field and specialization in which appointee will work** (e.g. History – Ancient History): \_\_\_\_\_

**J-1's Site of Activity:** \_\_\_\_\_

*Requests cannot be processed without this information.*

<b>D: Financial Support from All Sources (while in the US)</b>
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Please verify all funding sources, which must have been issued within the past 12 months. Immigration regulations require proof of sufficient supporting funds before an immigration document can be issued. ISSS estimates a minimum of \$21,000/year (\$1,750/month) is required to support a single visiting scholar at Penn; an additional \$6,000/year is required for an accompanying spouse (\$500/month) and an additional \$4000/year for each accompanying child (\$334/month). If the funding document is not in English, it must be translated.

Type of Institution/Funding	Full Name of Institution	Amount of Funding for period of appointment
<input type="checkbox"/> University of Pennsylvania (including UPHS, NIH grant administered by Penn, etc.)	****	US \$
<input type="checkbox"/> Other Hospital		US \$
<input type="checkbox"/> US Government Agency		US \$
<input type="checkbox"/> Exchange Visitor's Government		US \$
<input type="checkbox"/> Other Organizations		US \$
<input type="checkbox"/> Exchange Visitor's Personal Funds	****	US \$

<b>Terms of Appointment/Departmental Responsibilities</b>
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**Please read and check each box:**

- The host department understands that the J-1 visa status is of a temporary nature and is to be used for academic positions only. It may **not** be used for tenure-track or tenured faculty appointments, clinical care, or for nonacademic administrative or technical positions.
- The host department has verified all sources of financial support for the Exchange Visitor and has included documentation in the Exchange Visitor's file.
- The host department has informed the Exchange Visitor of the US government's requirements for health insurance for her/himself and any accompanying J-2 family members.
- The host department understands that a J-1 who wishes to transfer sponsorship to University of Pennsylvania must be released from the current sponsor prior to beginning employment at Penn. The J-1 must maintain her/his original program objective as listed on the original Form DS-2019.
- The Exchange Visitor must be in the correct status and on Penn's sponsorship before she/he can commence employment and receive any remuneration.
- International Student and Scholar Services must be promptly notified in advance of arrivals, extension requests, incidental employment, terminations, departures and possible future returns to the US of Exchange Visitors to avoid restrictions of the two-year bar. An Exchange Visitor may NOT change departments without first obtaining the approval of ISSS.
- An individual who participates in the J Exchange Visitor Program as a Professor or Research Scholar becomes subject to a Two-Year Bar on "repeat participation" in those particular categories after completing his or her program even if the program lasts less than five years. DOS has taken the position that the Two-Year Bar will also apply to J-2 dependents of J-1 Professors or Research Scholars if the J-2 subsequently wishes to return as a J-1 Professor or Research Scholar. *The two-year bar is different from the two-year home residency requirement.*

The host department may review information about the J-1 Exchange Visitor Program at:

[http://travel.state.gov/visa/temp/types/types\\_1267.html](http://travel.state.gov/visa/temp/types/types_1267.html) and <http://exchanges.state.gov/education/ixchanges/>

**I AGREE TO THE ABOVE TERMS AND CONDITIONS:**

**Department Chair/Head Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Directions:** This form is to be completed by the J-1 Exchange Visitor and returned **to the host department** for submission with a complete J-1 Exchange Visitor request. J-1 visitors should not send this form directly to ISSS. Supporting immigration documents must also be submitted to your host department. **PLEASE TYPE OR PRINT LEGIBLY.**

**Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Family/Last) (Given/First) (Middle)

**Date of Birth:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ **Gender:** [ ] Male [ ] Female **Marital Status:** [ ] Single [ ] Married

**City of Birth:** \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_ **Country of Permanent Residence:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Highest Level of Education attained (e.g., BS, MD, PhD):** \_\_\_\_\_

**Occupation in Home Country:** \_\_\_\_\_ **Home Institution:** \_\_\_\_\_

**Current Address:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Are you currently in the US?** [ ] No [ ] Yes If yes, please list your current immigration status: \_\_\_\_\_

*Please attach copies of your current immigration documents (I-20, DS-2019, passport information page, visa stamp page, I-94 card, etc.)*

**Have you previously been in the US as a J-1/J-2 Exchange Visitor?** [ ] No [ ] Yes

If Yes, please complete the following:

**Previous [ ] J-1 or [ ] J-2 Program 1:**

**From:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ **To:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Previous [ ] J-1 or [ ] J-2 Program 2:**

**From:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ **To:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Previous [ ] J-1 or [ ] J-2 Program 3:**

**From:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ **To:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Please attach a copy of I-94 card, visa stamp, and ALL previous DS-2019 forms.**

**Have you ever applied for a waiver of the two-year home residency requirement?** [ ] Yes [ ] No

**If yes, have you received any notification from DOS or USCIS regarding this waiver request?** [ ] Yes [ ] No

If family members will accompany you, please complete the following section. A J-2 dependent is a spouse or an unmarried child under 21 years of age.

**Dependent 1**

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Family/Last) (Given/First) (Middle)

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Relationship (Spouse, Son, Daughter, etc.): \_\_\_\_\_

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

**Dependent 2**

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Family/Last) (Given/First) (Middle)

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Relationship (Spouse, Son, Daughter, etc.): \_\_\_\_\_

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

**Dependent 3**

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Family/Last) (Given/First) (Middle)

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Relationship (Spouse, Son, Daughter, etc.): \_\_\_\_\_

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

Please review information about the J-1 Exchange Visitor Program at:

[http://travel.state.gov/visa/temp/types/types\\_1267.html](http://travel.state.gov/visa/temp/types/types_1267.html) and <http://exchanges.state.gov/education/jexchanges/>

**Please remember to visit ISSS promptly upon your arrival at Penn. You will need to bring with you your DS-2019, your passport, and your I-94 card. Should your arrival be delayed for any reason, please inform ISSS and your department so that your program start date may be deferred. Failure to do so within 20 days of your program start date will jeopardize your legal immigration status.**

Please read and sign the following statements:

- I have read, and understand the J-1 Exchange Visitor (DS-2019) Instructions.
- I understand that my J-1 activity is restricted to the one listed on Form DS-2019.
- **TWO-YEAR BAR:** An individual who participates in the J Exchange Visitor Program as a Professor or Research Scholar becomes subject to a Two-Year Bar on "repeat participation" in those particular categories after completing his or her program even if the program lasts less than five years. DOS has taken the position that the Two-Year Bar will also apply to J-2 dependents of J-1 Professors or Research Scholars if the J-2 subsequently wishes to return as a J-1 Professor or Research Scholar.
- **INSURANCE STATEMENT:** I understand that, per the requirements from the US Department of State (DOS), during my period of appointment at the University of Pennsylvania as a J-1 Exchange Visitor, I must comply with the DOS regulations which require that I purchase health adequate insurance for myself and my accompanying J-2 dependents (spouse and children), if applicable, throughout the duration of my/our visit in the US. I understand that failure to comply with this requirement will result in termination from the Exchange Visitor Program at the University of Pennsylvania.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Penn  
UNIVERSITY of PENNSYLVANIA

# TRANSFER-IN Request for J-1 Scholars

J-1

International Student and Scholar Services

**Instructions**

This form should be completed by J-1 scholars who have been appointed to a position at the University of Pennsylvania or affiliated hospital, center, etc., but who are currently in J-1 status at another institution.

Please complete Section A of this form. Section B should be completed by the International Scholar Advisor (RO/ARO) at your current institution. After both sections are complete, please return this form to the appointing department at Penn to be submitted with your complete J-1 Department Request packet. **Please note that you must report to International Student and Scholar Services within 10 days from the program start date listed on your Penn DS-2019 upon arrival at Penn to complete the J-1 transfer process.**

**A: To Be Completed by the Transferring J-1 Scholar**

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Family/Last) (Given/First) (Middle)

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Email: \_\_\_\_\_

Please list the University of Pennsylvania School/Department to which you have been appointed.

School/Hospital/Research Institute: \_\_\_\_\_

**PLEASE NOTE:** Travel outside the United States and re-entry using a Penn DS-2019 will not be possible until the SEVIS release date as noted below in Section B, as we are unable to access your SEVIS record until that date. If you plan to travel prior to this date, please consult an ISSS advisor.

I give permission for the information on this form to be forwarded to International Student and Scholar Services:

Scholar's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B: To Be Completed by the International Scholar Advisor (RO/ARO)**

Name of Institution: \_\_\_\_\_ EV Program #: \_\_\_\_\_

Exchange Visitor's SEVIS ID #: \_\_\_\_\_

EV's Start Date/Initial Entry to the US: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Dates of Current EV Appointment at Your Institution:

From: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ To: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Field Code on Current DS-2019: \_\_\_\_\_ Field of Study/Research: \_\_\_\_\_

J-1 Category:  Research Scholar  Professor  Short-Term Scholar  Other: \_\_\_\_\_

SEVIS Transfer Release Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

(Please note Penn's EV Program # P-1-00183)

To the best of your knowledge, is this scholar in valid J-1 status and eligible for J-1 transfer?  Yes  No

If No, please comment:

Name of RO or ARO: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of RO/ARO: \_\_\_\_\_ Date: \_\_\_\_\_